

Medical Assessments, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Left Knee Arthroscopy with partial medial and lateral meniscectomy between 3/25/15 and 5/24/2015

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of experience

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx when he was working during a storm and climbed in a buck and he lost footing when stepping down. He heard his left knee pop. The claimant is currently diagnosed with post traumatic arthritis of the knee.

01/09/2015: Clinical notes. Examination revealed swelling and increased tenderness. The patient has a good ROM of his left knee; he has tenderness associated to the lateral joint compartment with a sharp stabbing pain on the intermittent basis. He's had previous arthroscopy/meniscectomy. The hardware that was utilized to fix the plateau fracture has been removed. The screw hold still visible on plain x-rays. **Imaging Findings:** X-rays of the patient's left knee indicates that he has posttraumatic arthritis secondary to tibial plateau fracture in which hardware was placed and has subsequently been removed. The screw holes are still visible on the lateral view especially. The patient has osteophytic

spurring of both femur and tibia. **Plan:** Will consider joint replacement surgery. His is posttraumatic arthritis as a result of his work injury. Mobic 15mg prescribed.

02/13/2015: Clinical notes. Patient has significant effusion of his left knee with tenderness both medial and lateral joint lines. Flexion is limited to approximately 110 degrees, extension is full. Claimant reported symptoms have worsened since the last visit. Left side pain is moderate with a rating of 6/10. There is varus deformity of his knee. **Plan:** The patient has recent discussed supplementation which has not given him any relief. Will go ahead and get an MRI scan of the knee to see if there is any internal derangement that we can possibly address arthroscopically. The patient is significantly overweight which contributes to his current complex. There are some staph infections on the abdominal skin. This is currently being treated.

02/20/2015: MRI of left knee w/o contrast. **Impression:** 1. Degenerative changes in the medial compartment with marked articular cartilage loss and horizontal tear of the posterior horn of the medial meniscus. 2. Post traumatic degenerative changes in the lateral compartment with irregular subchondral bone from previous tibial plateau fracture and associated horizontal tear of the anterior horn of the lateral meniscus.

03/11/2015: UR. Rationale for determinations: The patient is a male who reported an injury on xx/xx/xx. The mechanism of injury involved a fall. The patient is currently diagnosed with post traumatic arthritis of the knee. The patient is status post 2 arthroscopic surgeries on 12/29/2008 and 10/13/2011. The patient has been recommended for a total knee arthroplasty given the above mentioned MRI findings and persistent symptoms. As medical necessity has not been established in this case, the request is non-certified.

03/20/2015: Clinical notes. Claimant was seen for follow up. There have been no significant changes in the current symptoms. Left side pain is moderate with rating of 6/10. **Examination:** Examination reveals no change in swelling and increased tenderness. ROM is decreased since the last visit. Strength is normal in all muscle groups tested. Patient continues to have left knee symptoms associated to the medial compartment compatible with meniscal tear. He appears to have some symptomatology associated to the anterior portion of the lateral joint line as well. The patient demonstrates positive McMurray sign on clinical examination positive Apley. Patient has clinical picture of medial and possible lateral meniscal tears. **Plan:** The patient has degenerative changes of the left knee following a previous significant injury to the tibial plateau. The patient is bicompartamental arthritic changes of his left knee. Joint spaces still relatively well preserved. The patient has torn medial and lateral menisci. Recommendation is arthroscopy and partial meniscectomy, debridement of the left knee.

03/31/2015: UR. Rationale for denial: The patient is a male who reported an injury on xx/xx/xx. The mechanism of injury was stepping into a bucket, he lost his footing when stepping down, and he heard his left knee pop. His diagnoses

included closed fracture of upper end of tibia, other tear of cartilage or meniscus of knee, osteoarthritis localized, involving lower leg, and traumatic arthropathy involving lower leg. The MRI does indicate there is meniscal tear, and the patient is presently on Mobic in regard to his conservative care. However, there is a lack of documentation regarding an appropriate course of recent conservative treatment to include supervised physical therapy and at home rehab exercise program. There was also a lack of documentation of mechanical symptoms. As such, the request is non-certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The adverse determinations have been upheld. The claimant has had two previous meniscectomies and has a diagnosis of severe traumatic arthritis. There are positive findings on MRI of meniscal tears. There is also documentation of significant effusion, joint line tenderness, limited ROM and positive McMurray sign on clinical examination. However, there is no enough documentation of conservative care recently tried as required by ODG. Therefore the request for 1 Left Knee Arthroscopy with partial medial and lateral meniscectomy between 3/25/15 and 5/24/2015 is non-certified.

ODG Guidelines:

ODG Indications for Surgery™ -- Meniscectomy:

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.

1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS

2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS

3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS

4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). ([Washington, 2003](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY
GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR
GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW
BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &
PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**